

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER 601-359-5241
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS
EMAIL Margaret.Wilson@medicaid.ms.gov		ZIP 39201	
SUBMIT DATE OCT 03 2013		Name or number of rule(s): Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

This proposed filing to the MS Administrative Code Title 23: Medicaid, Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1: Eligibility Groups is to make a technical change to remove the language "Therapy in a free standing clinic, and" from Rule 3.1.C.3.d.1.v): Excluded Services to comply with the CMS approved benefit package for the Healthier Mississippi waiver effective October 1, 2004 and to include Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) to Rule 3.1.C.3.d.1.v): Long term care services.

Specific legal authority authorizing the promulgation of rule: 42 USC 1396A(a)(10) and (17); Miss. Code Ann. §§ 43-13-115, 121.

List all rules repealed, amended, or suspended by the proposed rule: Title 23: Medicaid, Part 200: General Provider Information, Chapter 3: Beneficiary Information, Rule 3.1

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

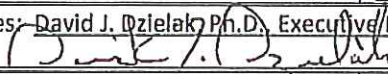
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify):	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify):	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify):

DEC 01 2013

Printed name and Title of person authorized to file rules: David J. Dzielak Ph.D. Executive Director

Signature of person authorized to file rules: 

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.